

**REPORT ON DEBT OBLIGATION**

(Pursuant to Tennessee Code Annotated Section 9-21-151)

<b>1. Public Entity:</b>	
Name:	<u>Rutherford County, TN</u>
Address	<u>1 Public Square, Suite 101</u> <u>Murfreesboro, TN 37130</u>
Debt Issue Name:	<u>Capital Lease, 2014</u>
If disclosing initially for a program, attach the form specified for updates, indicating the frequency required.	

  

<b>2. Face Amount:</b>	<u>\$ 340,972.53</u>
Premium/Discount:	<u>\$</u>

  

<b>3. Interest Cost:</b>	<u>0.0000 %</u>	<input checked="" type="checkbox"/> Tax-exempt	<input type="checkbox"/> Taxable
<input type="checkbox"/> TIC	<input type="checkbox"/> NIC		
<input type="checkbox"/> Variable:	Index _____ plus _____ basis points; or		
<input type="checkbox"/> Variable: Remarketing Agent	_____		
<input checked="" type="checkbox"/> Other:	<u>original issue discount \$9,297.87</u>		

  

<b>4. Debt Obligation:</b>		
<input type="checkbox"/> TRAN	<input type="checkbox"/> RAN	<input type="checkbox"/> CON
<input type="checkbox"/> BAN	<input type="checkbox"/> CRAN	<input type="checkbox"/> GAN
<input type="checkbox"/> Bond	<input type="checkbox"/> Loan Agreement	<input checked="" type="checkbox"/> Capital Lease
If any of the notes listed above are issued pursuant to Title 9, Chapter 21, enclose a copy of the executed note with the filing with the Office of State and Local Finance ("OSLF").		

  

<b>5. Ratings:</b>	
<input checked="" type="checkbox"/> Unrated	
Moody's _____	Standard & Poor's _____ Fitch _____

  

<b>6. Purpose:</b>							
<input checked="" type="checkbox"/> General Government <u>100.00 %</u> <input type="checkbox"/> Education _____ % <input type="checkbox"/> Utilities _____ % <input type="checkbox"/> Other _____ % <input type="checkbox"/> Refunding/Renewal _____ %	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: black; color: white;">BRIEF DESCRIPTION</th> </tr> <tr> <td><u>BACKUP SYSTEM</u></td> </tr> <tr> <td> </td> </tr> <tr> <td> </td> </tr> <tr> <td> </td> </tr> <tr> <td> </td> </tr> </table>	BRIEF DESCRIPTION	<u>BACKUP SYSTEM</u>				
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<b>7. Security:</b>	
<input type="checkbox"/> General Obligation	<input type="checkbox"/> General Obligation + Revenue/Tax
<input type="checkbox"/> Revenue	<input type="checkbox"/> Tax Increment Financing (TIF)
<input checked="" type="checkbox"/> Annual Appropriation (Capital Lease Only)	<input type="checkbox"/> Other (Describe): _____

  

<b>8. Type of Sale:</b>	
<input type="checkbox"/> Competitive Public Sale	<input type="checkbox"/> Interfund Loan _____
<input type="checkbox"/> Negotiated Sale	<input type="checkbox"/> Loan Program _____
<input checked="" type="checkbox"/> Informal Bid	

  

<b>9. Date:</b>	
Dated Date: <u>06/15/2014</u>	Issue/Closing Date: <u>09/12/2014</u>

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**10. Maturity Dates, Amounts and Interest Rates \*:**

Year	Amount	Interest Rate	Year	Amount	Interest Rate
2014	\$ 113,657.51	0.0000 %		\$	%
2015	\$ 113,657.51	0.0000 %		\$	%
2016	\$ 113,657.51	0.0000 %		\$	%
	\$	%		\$	%
	\$	%		\$	%
	\$	%		\$	%
	\$	%		\$	%
	\$	%		\$	%
	\$	%		\$	%
	\$	%		\$	%
	\$	%		\$	%

If more space is needed, attach an additional sheet.

If (1) the debt has a final maturity of 31 or more years from the date of issuance, (2) principal repayment is delayed for two or more years, or (3) debt service payments are not level throughout the retirement period, then a cumulative repayment schedule (grouped in 5 year increments out to 30 years) including this and all other entity debt secured by the same source **MUST BE PREPARED AND ATTACHED**. For purposes of this form, debt secured by an ad valorem tax pledge and debt secured by a dual ad valorem tax and revenue pledge are secured by the same source. Also, debt secured by the same revenue stream, no matter what lien level, is considered secured by the same source.

\* This section is not applicable to the Initial Report for a Borrowing Program.

**11. Cost of Issuance and Professionals:**☒ No costs or professionals

	AMOUNT (Round to nearest \$)	FIRM NAME
Financial Advisor Fees	\$ 0	
Legal Fees	\$ 0	
Bond Counsel	\$ 0	
Issuer's Counsel	\$ 0	
Trustee's Counsel	\$ 0	
Bank Counsel	\$ 0	
Disclosure Counsel	\$ 0	
Paying Agent Fees	\$ 0	
Registrar Fees	\$ 0	
Trustee Fees	\$ 0	
Remarketing Agent Fees	\$ 0	
Liquidity Fees	\$ 0	
Rating Agency Fees	\$ 0	
Credit Enhancement Fees	\$ 0	
Bank Closing Costs	\$ 0	
Underwriter's Discount _____ %		
Take Down	\$ 0	
Management Fee	\$ 0	
Risk Premium	\$ 0	
Underwriter's Counsel	\$ 0	
Other expenses	\$ 0	
Printing and Advertising Fees	\$ 0	
Issuer/Administrator Program Fees	\$ 0	
Real Estate Fees	\$ 0	
Sponsorship/Referral Fee	\$ 0	
Other Costs _____	\$ 0	
<b>TOTAL COSTS</b>	<b>\$ 0</b>	

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**12. Recurring Costs:**☒ No Recurring Costs

Remarketing Agent  
 Paying Agent / Registrar  
 Trustee  
 Liquidity / Credit Enhancement  
 Escrow Agent  
 Sponsorship / Program / Admin  
 Other \_\_\_\_\_

**AMOUNT**  
 (Basis points/\$)

**FIRM NAME**  
 (If different from #11)

**13. Disclosure Document / Official Statement:**☒ None Prepared☐ EMMA link \_\_\_\_\_ or☐ Copy attached**14. Continuing Disclosure Obligations:**

Is there an existing continuing disclosure obligation related to the security for this debt?

☐ Yes☒ No

Is there a continuing disclosure obligation agreement related to this debt?

☐ Yes☒ No

If yes to either question, date that disclosure is due \_\_\_\_\_

Name and title of person responsible for compliance \_\_\_\_\_

**15. Written Debt Management Policy:**

Governing Body's approval date of the current version of the written debt management policy

04/17/2014

Is the debt obligation in compliance with and clearly authorized under the policy?

☒ Yes☐ No**16. Written Derivative Management Policy:**☒ No derivative

Governing Body's approval date of the current version of the written derivative management policy \_\_\_\_\_

Date of Letter of Compliance for derivative \_\_\_\_\_

Is the derivative in compliance with and clearly authorized under the policy?

☐ Yes☐ No**17. Submission of Report:**

To the Governing Body:

on 10/16/2014

and presented at public meeting held on

10/16/2014

Copy to Director to OSLE:

on \_\_\_\_\_

either by:

☐ Mail to:

OR

☒ Email to:

505 Deaderick Street, Suite 1600  
 James K. Polk State Office Building  
 Nashville, TN 37243-1402

StateAndLocalFinance.PublicDebtForm@cot.tn.gov**18. Signatures:****AUTHORIZED REPRESENTATIVE****PREPARER**

Name

Ernest G. BurgessLisa A Nolen

Title

County MayorFinance Director

Firm

Email

eburgess@rutherfordcountyttn.govlnolen@rutherfordcountyttn.gov

Date

09/26/201409/26/2014